**County of San Bernardino - Department of Behavioral Health**
**TBS Accountability Forum Group #2**
*Director's Meeting Discussion Group*

**Children and Youth Collaborative Services**

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| **Date:** | **Thursday, June 25, 2009 @ 9:00 a.m.** |
| **Location:** | **268 W. Hospitality Lane, San Bernardino, Room 433** |
| **Facilitator/Recorder** | **Timothy E. Hougen, Ph.D./Sandy Rodriguez** |

**In attendance:** Allan Rawland, DBH Director; Richard Louis, DBH Asst. Director; Rick Arden, Probation; Donald Nute, SBCSS; Sheila Muir, CFS; Anita Ruesterholtz, East Valley SELPA; Jim Preis, Mental Health Advocacy Services; Melinda Bird, American Civil Liberties Union (ACLU); Diane Terrones, DBH-Parent Partner; Paula Quijano, VCSS; Stephen Garrett, VCSS-DM; Marsha Mathews, MHS, Inc.; Frank Salazar, County Counsel; Laurie Hay, Pacific Clinics; Michael Schertell, Acting Deputy Director, DBH; Timothy E. Hougen, DBH

| Accountability Questions | Outcome of Discussion |
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| **I. Introductions** | ○ Allan Rawland, Department of Behavioral Health Director opened the meeting welcoming all in attendance. Around the table introductions proceeded. `<br>○ Michael Schertell, Acting Deputy Director for Behavioral Health announced TBS 9-point plan areas will be discussed to increase access and to improve delivery of TBS as a result of the Emily Q Federal Court case. Implementation of the plan is expected to lead to increased utilization and better outcomes for children and youth. He indicated changes in regulations will allow us to do services more easily and quickly, and indicated our county is very invested in achieving and maintaining our goals and milestones within the next two years.<br>○ Timothy E. Hougen, Ph.D., Acting Program Manager II was introduced and presented Core Data Elements; the impact of TBS in our County, evaluating the four questions, reviewing the Stakeholders Focus Group I meeting, and followed with group discussions on how to resolve underlying agency and system barriers that prevent eligible children/youth from receiving entitled TBS services. |
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| **II. Review Core Data Elements, Impact of TBS in San Bernardino, and Forum Group I Minutes** | Tim distributed for review and discussion the documents indicated below<br>• Medi-Cal Services for Children and Young People - TBS<br>• TBS Information Sheet<br>• Emily Q – San Bernardino(SB) Dashboard Elements Track 1<br>• TBS Accountability Structure: Forum Group 2 Power Point<br>• TBS Accountability Stakeholder Meeting Minutes of 5/21/09 |

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| **Review Core Data Elements, Impact of TBS in San Bernardino, and Forum Group I Minutes. Continued** | See attachments for details. All documents may be found on our website address: http://www.co.san-bernardino.ca.us/dbh/childrenservices/TBS.asp<br><br>**TBS Accountability Structure Forum Group #2 Discussion Group PowerPoint Presentation Comments/Questions, etc.**<br>1. Three core data elements as outlined in the 9-Point Plan were presented:<br>a) Access<br>b) Utilization<br>c) Outcomes (reducing child behavioral risk and institutional risk)<br>2. Emily Q – SB Dashboard Elements reviewed. Key Points of Dashboard for CY 07 where highlighted.<br>a) 91 of the 10,682 EPSDT Medi-Cal eligible children provided mental health services received TBS<br>b) These 91 represent 0.85%; State DMH believes 4% (or 427) should be served<br>c) 38 of the 892 EPSDT Medi-Cal eligible children hospitalized received TBS<br>d) The average length of any one TBS service was 258 minutes<br>3. San Bernardino is falling short by about 300; a significant percentage of kids are not served.<br>4. 54.7% of children with foster care aid Medi-Cal were "not known" by DBH<br>a. This is approximately 10% less than the State average.<br>b. Discussed some mental health programs that serve Foster Children without accessing Medi-Cal.<br>c. Children & Family Services has established their own fee-for-service providers, and will refer parents to private providers for other resources; this has been an ongoing practice.<br>d. Anita reported they have set aside federal dollars for Mental Health intervention for kids.<br>5. Jim indicated that the 9-Point Plan's 4% number of kids to be served was negotiated through the litigation process.<br>6. Melinda indicated they struggle at the state level in trying to get something with more transparency.<br>7. Allan indicated the present Fiscal situation (e.g., late payments, etc.) is greatly impacting our department. If we can pull down more EPSDT it would be better for us.<br>8. Melinda stated that SB County has an annual number of psychiatric hospitalizations significantly higher than other counties.<br>9. Allan indicated that we are now seeing a trend of decreased hospitalizations. This is a result of our mobile crisis response teams, Crisis Walk-In Clinics, Success First ("Early Wrap") services, etc. Our MHSA funding has been a lifeline for our county.<br>10. Length of Average TBS service discussed. Average length of TBS service includes travel time, and with San Bernardino County being the largest county geographically this variable may be difficult to measure accurately.<br>11. There is more of an interest for number of TBS service days.<br>12. We have not received any information from the State on behavioral and institutional risk reduction information. This is a work in progress for our department; we reviewed the number of hospitalizations prior to TBS, during TBS and after TBS. |

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| **Review Core Data Elements, Impact of TBS in San Bernardino, and Forum Group 1 Minutes: Continued** | 13. In reviewing hospital data, Melinda stated we are so much farther ahead than the state on gathering this data.<br>14. Data for crisis episodes in relation to TBS services shows a dramatic decrease.<br>15. A case study conducted on kids assessed for, but not provided TBS services since 11/01/08. Reasons for no TBS are: family declined services (44%), had no Medi-Cal (6%), NOAs did not qualify (18%), three of the 34 went AWOL *and two of them were out-of-county.*<br><br>**<u>Questions</u>**<br>1. Was the number reflected of kids needing behavioral support broader than just TBS?<br>**Response:** Specifics unknown, but some should be eligible.<br><br>2. Were the 54.7% children with foster care aid Medi-Cal eligible for TBS?<br>**Response:** Specifics unknown, but some are likely eligible.<br><br>3. If IEHP is M/C why can't they make a TBS referral, what is the agreement?<br>**Response**: TBS is a carved out service. This is a system glitch to be addressed.<br><br>4. How are the authorization changes, as outlined in the 9-Point Plan, being implemented?<br>**Response**: San Bernardino County TBS Coordinator and TBS Providers have met monthly to modify documentation to facilitate passing future audits. As of 7/1/09, our Providers will utilize this system to review medical necessity for services. Referrals will no longer go through our Access Unit except for the out of county referrals, these will continue to go through our Access Unit.<br><br>5. Was cost of hospitalizations increased or decreased before TBS?<br>**Response**: 77% of children had decreased costs, but measurement may be inaccurate at this time.<br><br>6. Among children and youth who receive TBS, compare their RCL placements by level, frequency and length of stay before TBS with their RCL placements after TBS, what is the impact of TBS?<br>**Response:** Data to answer this question requires accessing and cross referencing DBH and CFS databases. DBH Research & Evaluation is working with HSS Legislators & Research (CFS data) to obtain this information, but none is available at this time.<br><br>7. Jim indicated that this is the first time ever that State DMH and OCSS are working together to merge data bases to create an overlap of data that includes group home placements.<br>8. Allan reported that admission to group homes has decreased. We will be starting Residential Based Services (RBS) with a goal to reduce length of stay in RCL 14s and to have some children placed out-of-state return to local placements. |

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| **Review Core Data Elements, Impact of TBS in San Bernardino, and Forum Group 1 Minutes: Continued** | **Data Elements Summary**<br>1. APS gathering data at the State level.<br>2. APS dashboard based on posted M/C billings and DBH has access to local data that does not match perfectly.<br>3. FY 08-09 data reviewed.<br>4. CY 09 data reviewed but difficult to report as there is only 4 months.<br>5. Data indicates we are increasing TBS.<br>6. Number of unduplicated children and youth provided TBS per month has increased for the past 6 months.<br>7. It will be a challenge to replicate APS but will come as close as possible<br>8. DBH's goal is to increase access and utilization and improve outcomes.<br>9. We are working with R&E to come up with monthly reports that represent same information as APS dashboard. Intent is that more current information will be more useful in evaluating progress. |
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| **3. Review Results of Accountability Stakeholders Focus Group #1** | Tim presented information discussed at the Stakeholders Forum Group #1 and reviewed barriers addressed at that meeting. See "Evaluate the Four Questions" for barriers and feedback from today's group discussion. |
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| **4. Evaluate the Four Questions**<br><br>**Question #1: Are the children and youth in the county who are Emily Q Class members and who would benefit from TBS, getting TBS?** | Minutes/discussion from Forum Group #1 reviewed. See Forum Group #1 Minutes for information.<br><br>1. Jim asked if the Judge's Minute Order gets a child directly to DBH for TBS**.**<br>**Response**: The order permits CFS to refer and authorize. Child still needs to qualify for TBS.<br><br>2. There has been recent clarification on process by which CFS obtains consent to: refer child to treatment, authorize treatment, and authorize third party releases of PHI. CFS has recently finalized new procedures about this, but recent transition has had unintended negative impact on CFS referrals to DBH for mental health services, including TBS.<br><br>3. A Provider stated it is not just about TBS consents, there is much complexity with two different departments with two separate set of rules.<br>a) Mike stated we have made lots of decisions collaboratively and are now getting CFS Department staff trained on decisions made, and are working on opening internal Department-wide communication.<br>b) Melinda stated she was very impressed with our inter-department collaboration and coordination. |

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| **Evaluate the Four Questions: Continued**<br><br>**Question #1: Are the children and youth in the county who are Emily Q Class members and who would benefit from TBS, getting TBS?** | 4. Jim stated the CIMH website has posted the "Confidentiality" Manual he developed that addresses interagency agreements that is available and may be helpful for anyone interested.<br>5. Melinda asked if Probation is having the same problems with consents.<br>**Response**: Yes, they also need to obtain parent signed consent, and when unable, must go through Court Order process.<br>6. Medi-Cal Foster children who sign up for IEHP, and then want to switch back to straight M/C, are faced with 2 or more months for switch over to occur resulting in kids not being able to get TBS.<br>a) Mike will follow up on this issue to resolve this system glitch.<br>b) IEHP should be able to make a direct TBS referral to a Provider.<br>7. Making the referral process easier is the key to expediting referrals.<br>8. Out of County children are also experiencing difficulties in getting TBS.<br>a) A Webcast on SB 785 is scheduled this afternoon, which will provide us with more information.<br>b) Issue with SB 785 and TBS requests: Who will do the assessment? How do we process the service given that not every group home is contracted for TBS and/or are unwilling to go through the contractual process?<br>c) SB 785 mandates that we have a contract with the Provider, which is not an easy process and some Providers do not provide information or participate in process.<br>d) A Provider indicated there are different contract expectations, oversight and accountability for different counties; which makes it hard to run a business.<br>e) Some counties are looking at expansion with bringing kids home to the county of origin.<br>f) There is concern over certain risks when placing kids into another county. There is difficulty finding an In-County facility that would really provide and serve the needs of our kids in order to reduce the number of our kids placed out-of-county.<br>g) RBS may be used as part of the continuum of care for kids meeting criteria.<br><br>9. Suggestion made to use the 30 Days Unplanned Service developed through the state litigation, which would remove the fear barrier for starting services immediately in case a child does not meet class.<br>a) How do we get the 30 days? We need something in writing from the State as the current TBS manual does not include this language.<br>**Response:** Melinda stated the new TBS Draft Manual soon to be released should include this language. |
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| **Question #2: Are the children and youth who get TBS experiencing the intended benefits?** | Minutes for Forum Group #1 reviewed and discussed.<br>1. Evaluation at this time is limited by availability of data/information. Agreed that next meeting should have more information.<br>2. Discussion focused on ensuring access for children that have been hospitalized while ensuring no recoupements in future audits.<br>3. Revamping the Audit Protocol.<br>a) We need a contact person.<br>b) Training Quality Management (QM) staff.<br>c) Tim will inform Sarah of what was negotiated. Speak with Dawn for QM follow-up.<br>d) Jim reported a State DMH document will be posted on the website July 1, 2009. There will be a 20-day public comment period, and the final version will follow by 7/30/09.<br>4. Melinda inquired if in this county it is clear that we can provide TBS without parents being present (i.e., services at a Mall, school setting, in the community, etc.). This language will also be included in the new TBS draft manual. |
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| **Question #3: What alternatives to TBS are being provided in the county?** | Minutes from Forum Group #1 reviewed and discussed.<br><br>1. Is geography a barrier?<br>**Response:** No. Services are available and provided in remote areas such as Trona and Needles. Staff is prepared to travel long distances to provide face-to-face services. Allan noted that we also have an agreement with the SB Sheriff's Dept. to helicopter a Crisis Response Team member if needed to provide a crisis intervention a long distance quickly.<br>a) Mike indicated we may need to extract out cases where staff travel long distances to explore how to measure length of services.<br>2. DBH Data related to Question #3<br>a) Of Success 1st FSP's and TAY, an unknown percentage are class members.<br>b) Paula stated that some information is not included in data, as they have been doing behavioral-type services for years.<br>c) What are you doing to capture all data**?**<br>**Response**: We are working on pulling down all services that match, or are similar to TBS. |

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| **Question #3: What alternatives to TBS are being provided in the county? Continued** | d) Our goal is to increase TBS, and in some sense, provide early intervention in the least restricted setting, as the less beds we fill, the more successful we become.<br><br>Other Questions:<br>a) Can eligible criteria be clarified to indicate that TBS is intended to be a preventive intervention?<br>b) The Litigation equivalent issue is not tracking kids that are getting behavioral services<br>**Question**: What does an equivalent service mean? When can we get some documentation?<br>**Response**: Jim indicated this information will be available in a month or two. |
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| **Question #4: What can be done to improve the use of TBS and/or alternative behavioral support services in the county?** | Minutes for Forum Group #1 reviewed and discussed.<br><br>1. Stated again, "not having TBS as a last resort service" was similarly repeated.<br>2. A shorter length of time would be more amenable to families (e.g., 2 to 3 hours per week).<br>3. Many issues will also be based on clinical judgment decisions made.<br>4. Melinda stated the revised TBS manual will have examples with place holders for us to provide input and feedback. She is very interested in reading our feedback.<br>a) Allan asked that we coordinate our input through Sarah at QM.<br>b) Melinda stated a crosswalk for services in schools is needed.<br>5. Some improvements require CFS Social Workers to take actions.<br>a) Tim indicated CFS and DBH are working on a "Do You Know" sheet to address and assist with issues that have fallen through the cracks or mis-communicated.<br>6. Going directly to group homes and seeing which kids may benefit with TBS services is also an option. Meeting with group home staff, encouraging TBS services, training them and assisting them on how to make an appropriate referral.<br><br>7. Healthy Families screening kids and making referrals to TBS for eligible kids meeting criteria. |

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| **Question #4: What can be done to improve the use of TBS and/or alternative behavioral support services in the county? Continued** | 8. Melinda would like to see us identify expansion populations and take a look at these kids.<br>a) Identify kids looking at placement failure (7 day notices) who may be going to live with an aunt; this kid may be provided TBS services to stabilize both the kid and the family.<br>b) Identify kids who are Wards and are at-risk of violating, i.e., AWOL, aggressive behaviors, substance abuse, refusing to attend school, etc.<br>9. Allan stated we have an INFO/Reintegration Program for juvenile hall kids that have easy access to a Juvenile Justice Manager and may easily be linked to TBS services. To date, we have had two referrals.<br>10. Rick from Probation reported that they currently have 180 kids in group homes down from 300+;30 kids are currently in Juvenile Hall down from 80-90 previously, and stated that Wraparound services has made a huge impact for this population.<br>11. Audit Protocol: Current State DMH audit protocol is reported by DBH QM to not be changed to match new TBS guidelines. Providers are concerned that services may be disallowed. |
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| **5. Strategize to resolve underlying agency and system barriers preventing children/youth from receiving TBS services.** | 1. Providers would like to continue receiving hospital data. Previously, the DBH Hospital Liaison would provide this information. It was noted that a recent change in Hospital Liaisons may be the result. A replacement has been assigned, and DBH will find out who this is and follow up with them to ensure this information is provided.<br><br>2. Allan asked if cultural appropriateness or other cultural issues come up with TBS referrals. **Response:** MHS, Inc. stated they have a diversity of staff available who addresses cultural issues.<br>o VCSS reported they have 48% to 57% Latino population.<br>o Allan reported our county is currently doing a disparity study.<br>o Sheila of CFS stated she will look into the number of Latino referrals they receive.<br>3. Suggestion made to look into how many families declined services because of cultural issues.<br>4. Look into having hospital discharge planners at hospitals doing outreach as TBS sometimes is hard to describe. Discussed the possibility of providing a DVD video with this information.<br>o Marsha stated they developed a 30-minutes DVD video and would be glad to share it with us.<br>5. Allan reported that we are setting- up 4 to 6 Family Resource Centers in our county clinics and community to provide a safe place for consumers and families to access other resources. A liaison will be available to assist. Jim suggested including TBS as a resource option.<br>6. Mike stated outreach will be provided to prompt individuals to make TBS referrals, walk them through an actual referral from beginning to end.<br>**7.** Paula asked if it is a conflict of interest if a person seeing a kid feels they would benefit from TBS, can they be the TBS Provider.<br>**Response:** Melinda answered yes. Language addressing this situation will be included in the new TBS Draft Manual. |

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| **Strategize to resolve underlying agency and system barriers preventing children/youth from receiving TBS services: Continued:** | 8. Other barriers addressed:<br>a) Funding cuts<br>b) Not enough case managers<br>c) Decrease of staff in CCICMS and other programs<br><br>9. It was suggested that every Provider should be able to provide TBS.<br><br>10. TBS is not a stand alone program<br>a) Paula reported VCSS provides integrated services.<br>b) Marsha stated MHS, Inc. is a specialized program/service and works in conjunction with other service providers. |
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| **6. Planning/Other Comments:** | o Semi-annual meeting for Forum Group #1 will be scheduled in October. A Forum Group #2 will be scheduled after that meeting.<br><br>o Jim and Melinda thanked us for the invitation. Jim stated we appear to be staying on top of issues; our arguments are appropriate; TBS stands up very well; we are able to collaborate with interagency/other departments in addressing issues/concerns for resolutions; data looks good, better than other counties; appreciated the opportunity and stated they are available if needed for further strategizing, etc.<br><br>o Allan thanked attendees for their participation, stating appreciated the openness of the group. |